

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) Michael Lee Rose
(Name of Plaintiff) (Inmate Number)

Delaware Correctional Center
(Complete Address with zip code) Smyrna Del 19977

(2) _____
(Name of Plaintiff) (Inmate Number)

(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs.

(1) Stan Taloh DOC Commissioner
(2) First Correctional Medical
(3) Correctional Medical Services
(Names of Defendants)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

I. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned.

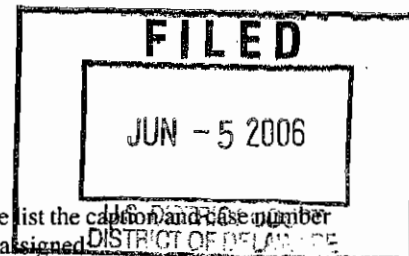
None

06 - 370

(Case Number)
(to be assigned by U.S. District Court)

CIVIL COMPLAINT

• • Jury Trial Requested yes



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II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? • Yes • • No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? • • Yes • • No
- C. If your answer to "B" is Yes:

1. What steps did you take? I Filed more than one Grievance. But no answer. I call so for Medical Help for my Hepatitis C
2. What was the result? I was refused medical help since 2001 now Dr. Nick told me I had 6 months to one year to live. I was also told by the Grievance Board I was a waste of Tax Payers money
- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: Stan Talon

Employed as DPC Commissioner at Delaware Correctional Center

Mailing address with zip code: 1181 Paddock Road

Smyrna Del - 19977

- (2) Name of second defendant: First ~~Medical~~ Correctional Medical

Employed as Medical Health provider at Granden Hill Del. Correctional Center

Mailing address with zip code: 1181 Paddock Road

Smyrna Del. 19977

- (3) Name of third defendant: Correctional Medical Services

Employed as Medical provider at Del Correctional Center

Mailing address with zip code: 1181 Paddock Road

Smyrna Del - 19977

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

Frist Correctional Medical, was in charge when I came to jail, I was later put in the Hole. I don't know why I was there. The nurse in charge, sent me to the hospital. He stated I would have died in 24 hours. I found out my liver had shot down. I ask every Dr. in Frist Medical to give me medical help for Hepatitis C. They Refused 11/16/01 is when I went to Jail in Garden Hill

I came to D. C., 2004 Refused Medical Treatment now I have 6 months to 1 year. Refused By Dr Niaz Correctional medical Services.

Dr Niaz - Defendant

1181 Paddock Road
Smyrna Del - 19977

Dr. ALie - Defendant

1181 Paddock Road
Smyrna Del 19977

Warden Thomas Carroll - Defendant

1181 Paddock Road
Smyrna Del 19977

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. I was locked up in Nov. 2001 I let First ~~Medical~~ Correctional Medical know I had Hepatitis C and need medical help. They refused. While at Garden Hill I was put in the Hole, then later taken to the hospital.
2. I liver shut down. The Nurse in charge send me to the hospital, he stated I would ^{have} died in 24 hours. I spent 3 days came back, never to receive any help I needed. I came to D.C. 2004 I ask every one there for help. I was refused. Later I all most died there. Dr. Niaz told me I had 6 months to year to live. I was told by the Grievance Board I was a waste of Tax Payers money. Being Refused Treatment led to Cirrhosis of the ^{Liver}
- 3.

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. IF I had received medical help I would have lived a lot longer. 5 years ago if they had treated me, my family would not be going through these extreme hardships. I am really suffering from Post Traumatic Stress

2. From Viet Nam, I was awarded 2 Purple Hearts the Gold Star Cross of Gallantry, I was 18 serving my Country now I got sick and to be refused medical Treatment & be told I am a wast of Tax payers money.
3. I am asking for Punitive and Monetary Damages. I feel the Constitution Bandon Cruel and Unusal punishment has be Violated, and no one be refused medical Treatment that Needs it and ones life Not Looked upon as being useless or as wast of Tax payers money.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 30 day of May, 2006.

Michael Lee Rose
(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

IM Michael Rose

SBI# 007880 UNIT D-E-15-25

DELAWARE CORRECTIONAL CENTER

1181 PADDOCK ROAD

SMYRNA, DELAWARE 19977

Clerk
U.S. District Court
Lock box 18
844 N. King Street
Wilm Del 19801

